

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J12109

FILED
Apr 28, 2006
Secretary of State

Entity Name: CAPACITY INSURANCE COMPANY

Current Principal Place of Business:

% ARNOLD ZISSELMAN
3700 COCONUT CREEK PARKWAY STE 200
COCONUT CREEK, FL 330661616

New Principal Place of Business:

Current Mailing Address:

% ARNOLD ZISSELMAN
3700 COCONUT CREEK PARKWAY STE 200
COCONUT CREEK, FL 330661616

New Mailing Address:

FEI Number: 59-2790499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZISSELMAN, ARNOLD
3700 COCONUT CREEK PARKWAY STE 200
COCONUT CREEK, FL 330661616 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BUTO, DONNA M
Address: 5823 N.W. 119 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: BUTO, FRANCES T
Address: 10975 NW 66 CT
City-St-Zip: PARKLAND, FL 33076

Title: DV () Delete
Name: BUTO, STEPHEN
Address: 11184 LAKEVIEW DRIVE
City-St-Zip: CORAL SPGS, FL 33071

Title: VP (X) Delete
Name: CHIAPPELLI, TERRY
Address: 10301 S.W. 16 PLACE
City-St-Zip: DAVIE, FL 33324

Title: DVPS () Delete
Name: ZISSELMAN, ARNOLD
Address: 3931 NW 27TH AVE
City-St-Zip: BOCA RATON, FL 33434

Title: DVP () Delete
Name: CARTER, ANNETTE
Address: 6824 N.W. 24 WAY
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD ZISSELMAN

DVPS

04/28/2006

Electronic Signature of Signing Officer or Director

Date